DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

DOCKET NO. 10015559 -1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first

	and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
-00	BRANCHED ALCOHOLS AND DIOLS FOR INCREASED DOT SIZE AND RELIABILITY								
	the specification of which is attached hereto unless the following box is checked:								
C				lication No. or PCT-Ir		lication			
L	Number		and was amend	ded on	(if applicab	le).			
T	I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.								
I	Foreign Application(s) and/or (Claim of Fo	reign Priority						
	I hereby claim foreign priority inventor(s) certificate listed be a filing date before that of the								
5	COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	JNDER 35 U.S.C. 119			
5					YES:	NO:			
H					YES:	NO:			
	Provisional Application	•							
	I hereby claim the benefit und below:	ler Title 35	, United States Code Se	ction 119(e) of any United	I States provisional	application(s) listed			
E	; !	AP	PLICATION NUMBER	FILING DATE	•	•			
	j								
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ĻĻ	U. S. Priority Claim								
	I hereby claim the benefit und insofar as the subject matter			•	• •				
7=	manner provided by the first p	paragraph c	of Title 35, United States	s Code Section 112, I ack	nowledge the duty	to disclose material			
Ĩ.	information as defined in Title application and the national or	37, Code of PCT intern	of Federal Regulations, So ational filing date of this	ection 1.56(a) which occur application:	rred between the fil	ing date of the prior			
1	1	1	FILING DATE		patented/pending/abandon	ed)			
			·						
á,				 					
	POWER OF ATTORNEY:								
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and trans business in the Patent and Trademark Office connected therewith:									
	Customer N	lumber	022879	Place Customer Number Bar Code Label here					
	Send Correspondence to: HEWLETT-PACKARD CON	ADANY		Direct Telepho	Direct Telephone Calls To:				
	Intellectual Property Admir			Michael D. Jos	Michael D. Jones				
	P.O. Box 272400 Fort Collins, Colorado 80527-2400			(858) 655-80	(858) 655-8004				
	Tota Commis, Colorado Couza-Z-roo								
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
	Full Name of Inventor: Anne	e M. Kelly	Citizenship: U	Citizenship: US					
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	Inventor's Signature			Date					

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	Post Office Address:	Same as residence		
こう	Inventor's Signature		Date	
	Full Name of # 3 joint inventor:			Citizenship:
	Residence:			
	Post Office Address:			
	Inventor's Signature		Date	
	Full Name of # 4 joint inventor	:		Citizenship:
	Residence:			
	Post Office Address:			
	Inventor's Signature Full Name of # 5 joint inventor Residence:	· ·	Date	
	Full Name of # 5 joint inventor	:		Citizenship:
	Residence:			
5	Post Office Address:		· · · · · · · · · · · · · · · · · · ·	
SH OF 1	Inventor's Signature		Date	
	Full Name of # 6 joint inventor	:		Citizenship:
	Residence:			
	Post Office Address:			
	Inventor's Signature		Date	·
	Full Name of # 7 joint inventor	:		Citizenship:
	Residence:			
	Post Office Address:			
	Inventor's Signature		Date	······································
	Full Name of # 8 joint inventor	n:		Citizenship:
	Residence:			· · · · · · · · · · · · · · · · · · ·
	Post Office Address:			
	Inventor's Signature		Date	